

# VOLUNTEER SERVICE RECORD

For use of this form, see AR 608-1; the proponent agency is OACSIM.

## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC Section 301, Department Regulations; 10 USC Section 3013, Secretary of the Army; and Army Regulation 608-1, Army Community Service Center.

**PRINCIPAL PURPOSE:** To record essential background information on volunteers to assist in determining qualifications and task assignments. To maintain record of positions held, hours volunteered, training and awards received.

**ROUTINE USES:** None. The "Blanket Routine Uses" set forth at the beginning of the Army's Complications of System of Records Notices apply to this system.

**DISCLOSURE:** Voluntary. However, failure to provide the requested information may exclude you from participating in the Army Community Service Volunteer Program.

**INSTRUCTIONS:** Upon resignation, retirement or transfer, the original of this record will be furnished for the personal file of the volunteer and a duplicate will be maintained at the organization for at least three years. In case of transfer, a duplicate record will be furnished to the gaining organization upon request of the volunteer.

<b>1. NAME OF VOLUNTEER (Last, First, MI)</b> <input style="width: 95%;" type="text"/>	<b>2. HOME ADDRESS (Street, City, State and ZIP Code)</b> <input style="width: 95%;" type="text"/>
<b>3. EMAIL ADDRESS</b> <input style="width: 95%;" type="text"/>	
<b>4. TELEPHONE NUMBERS</b> a. HOME <input style="width: 200px;" type="text"/> b. WORK <input style="width: 200px;" type="text"/> c. FAX <input style="width: 200px;" type="text"/>	<b>5. SEX</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <b>6. DATE OF BIRTH (YYYYMMDD)</b> <input style="width: 200px;" type="text"/>
<b>7a. SPONSOR NAME</b> <input style="width: 95%;" type="text"/>	<b>7b. SPONSOR UNIT ADDRESS</b> <input style="width: 95%;" type="text"/>

8. Mark all the demographic data that applies to the volunteer. Family members of service members should indicate the branch of service and status of the sponsor.

- |  |                                      |                                    |                               |                                 |
|--|--------------------------------------|------------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> SERVICE MEMBER                                      | <input type="checkbox"/> ARMY        | <input type="checkbox"/> AIR FORCE | <input type="checkbox"/> NAVY | <input type="checkbox"/> MARINE |
| <input type="checkbox"/> CIVILIAN EMPLOYEE<br>(APF and NAF)                  | <input type="checkbox"/> OFFICER     | <input type="checkbox"/> ENLISTED  |                               |                                 |
| <input type="checkbox"/> ADULT FAMILY MEMBER                                 | <input type="checkbox"/> ACTIVE DUTY | <input type="checkbox"/> RETIRED   |                               |                                 |
| <input type="checkbox"/> YOUTH FAMILY MEMBER<br>(Under age 18 and unmarried) | <input type="checkbox"/> RESERVE     | <input type="checkbox"/> GUARD     |                               |                                 |
| <input type="checkbox"/> CIVILIAN (Not connected with the military)          | <input type="checkbox"/> DECEASED    |                                    |                               |                                 |

<b>9. CHILDREN AT HOME</b> <input type="checkbox"/> NONE <input type="checkbox"/> PRESCHOOL <input type="checkbox"/> IN SCHOOL	<b>10. INITIAL COMMITMENT</b> <input type="checkbox"/> ONE DAY EVENT <input type="checkbox"/> ONE MONTH EVENT <input type="checkbox"/> THREE MONTHS <input type="checkbox"/> SIX MONTHS <input type="checkbox"/> NINE MONTHS <input type="checkbox"/> OTHER
<b>11. EDUCATION</b> <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> ADVANCED DEGREE	

14. SPECIAL SKILLS, INTEREST, HOBBIES												
15. POSITIONS HELD												
START DATE (YYYYMMDD)	TYPE OF POSITION								END DATE (YYYYMMDD)			
16. AWARDS AND SPECIAL RECOGNITION												
DATE (YYYYMMDD)	TYPE OF AWARD/SPECIAL RECOGNITION								PRESENTED AT			
17. TRAINING												
DATE (YYYYMMDD)	TYPE OF TRAINING								HOURS COMPLETED			
18. VOLUNTEER ANNUAL HOUR RECORD												
YEAR												
HOURS												
19a. SIGNATURE											19b. DATE (YYYYMMDD)	

# VOLUNTEER AGREEMENT FOR

APPROPRIATED FUND ACTIVITIES

NONAPPROPRIATED FUND INSTRUMENTALITIES

## PRIVACY ACT STATEMENT

AUTHORITY: Section 1588 of Title 10, U.S. Code, and E.O. 9397.

PRINCIPAL PURPOSE(S): To document voluntary services provided by an individual, including the hours of service performed, and to obtain agreement from the volunteer on the conditions for accepting the performance of voluntary service.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however failure to complete the form may result in an inability to accept voluntary services or an inability to document the type of voluntary services and hours performed.

## PART I - GENERAL INFORMATION

1. TYPED NAME OF VOLUNTEER (Last, First, Middle Initial)	2. SSN	3. DATE OF BIRTH (YYYYMMDD)
4. INSTALLATION	5. ORGANIZATION/UNIT WHERE SERVICE OCCURS	
6. PROGRAM WHERE SERVICE OCCURS	7. ANTICIPATED DAYS OF WEEK	8. ANTICIPATED HOURS
9. DESCRIPTION OF VOLUNTEER SERVICES		

## PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES

10. CERTIFICATION

I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services I will be providing.

a. SIGNATURE OF VOLUNTEER	b. DATE SIGNED (YYYYMMDD)
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## PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES

12. CERTIFICATION

I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services and liability for tort claims as specified in 10 U.S.C. Section 1588(d)(2). I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services that I am offering.

a. SIGNATURE OF VOLUNTEER	b. DATE SIGNED (YYYYMMDD)
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13.a. TYPED NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
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## PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR

14. AMOUNT OF VOLUNTEER TIME DONATED	15. SIGNATURE	16. TERMINATION DATE (YYYYMMDD)				
<table border="1"> <tr> <td>a. YEARS (2,057 hours = 1 year)</td> <td>b. WEEKS</td> <td>c. DAYS</td> <td>d. HOURS</td> </tr> </table>	a. YEARS (2,057 hours = 1 year)	b. WEEKS	c. DAYS	d. HOURS		
a. YEARS (2,057 hours = 1 year)	b. WEEKS	c. DAYS	d. HOURS			
17.a. TYPED NAME OF SUPERVISOR (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)				

# **VOLUNTEER DAILY TIME RECORD**

For use of this form, see AR 608-1; the proponent agency is OACSIM

## **INSTRUCTIONS**

Upon resignation, retirement or transfer, the original of this record will be furnished for the personal file of the volunteer and a duplicate will be maintained at the organization for at least three years. In case of transfer, a duplicate record will be furnished to the gaining organization upon request of the volunteer. Upon completion of the calendar year, the annual total will be recorded on DA Form 4162.

NAME

YEAR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
JAN																																
FEB																																
MAR																																
APR																																
MAY																																
JUN																																
JUL																																
AUG																																
SEP																																
OCT																																
NOV																																
DEC																																

TOTAL:

PARENTAL PERMISSION

For use of this form, see AR 608-1; the proponent agency is OACSIM.

SECTION I

I, \_\_\_\_\_ ☐ parent ☐ guardian, give my permission for  
\_\_\_\_\_ (name of child), to volunteer at  
\_\_\_\_\_ (name of agency/activity) on  
\_\_\_\_\_ (installation) on \_\_\_\_\_ (date or day of  
week) from \_\_\_\_\_ (time).

I understand that my child will be performing the following volunteer services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Description of volunteer service performed)

SECTION II - FOR APPROPRIATED FUND ORGANIZATIONS

I understand \_\_\_\_\_ (name of child) will be performing as a volunteer  
and he or she is not, because of these services, an employee of the United States Government or any  
instrumentality thereof (except for certain purposes relating to criminal conflicts of interest, the Privacy  
Act, tort claims and workman's compensation coverage concerning incidents occurring during the  
performance of approved volunteer service as specified in 10 USC Section 1588(d)(1)) and shall receive  
no present or future salary, wages, or related benefits as payment for these volunteer services.

TYPED/PRINTED NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE (YYYYMMDD)

SECTION III - FOR NON-APPROPRIATED FUND ORGANIZATIONS

I understand \_\_\_\_\_ (name of child) will be performing services as  
a volunteer and he or she is not, because of these services, an employee of the United States  
Government or any instrumentality thereof (except for certain purposes relating to tort claims and  
workman's compensation coverage concerning incidents occurring during the performance of approved  
volunteer service as specified in 10 USC Section 1588(d)(2)) and shall receive no present or future salary,  
wages, or related benefits as payment for these volunteer services.

TYPED/PRINTED NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE (YYYYMMDD)



# Volunteer Management Information System (VMIS)

## *Volunteers Instruction Guide – Find a volunteer position.*

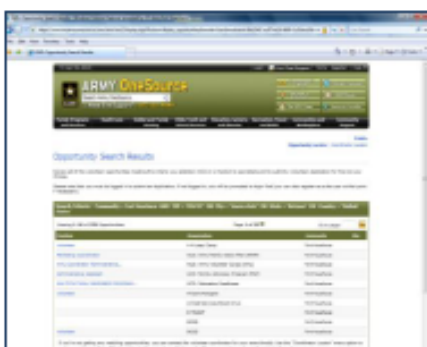
The Volunteer Management Information System (VMIS) is the Army's online volunteer management tool located at [www.myarmyonesource.com](http://www.myarmyonesource.com). VMIS provides a standardized system across the Army for volunteers to document their service history. It also allows for reporting of volunteer activity and statistics at the installation, region and Department of Army levels. The system will allow you to document your entire volunteer history as you move from installation to installation. All installation volunteers are now required to register with VMIS and document hours each month.

### ***Not registered yet....START HERE!***

Go to [www.myarmyonesource.com](http://www.myarmyonesource.com) click on "Become a Volunteer" tab in the upper right corner.

Click "Online Opportunity Locator". Complete necessary search fields and click "Search".

Select a position & click "Apply" at the bottom of the page



Click "Not a Member yet? Register Now!" Complete necessary fields and click "Continue." Confirm information & click "Register"

That's it! You are now registered in the VMIS system and are ready to start logging your hours.

### ***Already registered? Start searching for a volunteer opportunity today!***

Go to [www.myarmyonesource.com](http://www.myarmyonesource.com). Place cursor on "Family Programs." Move cursor over "Volunteer Link" for program drop down menu. Click on "VMIS" link to download user guides or click on "Become a volunteer" to search for new volunteer positions at Fort Huachuca/Sierra Vista Community.

# Volunteer Management Information System (VMIS)

## Quick Start Information Guide

### Welcome!

Volunteering is a great opportunity to meet new, interesting people and a rewarding way to give back to your community. The Army Volunteer Management Information System (VMIS) provides tools to manage volunteer activities in your military community. This guide will show you how to enter your volunteer hours.

Now that you have finish registering in VMIS and have found a volunteer position...log in to [www.myarmyonesource.com](http://www.myarmyonesource.com) click on "My AOS Page" located in the upper right corner of the screen and start tracking those hours. Click "My AOS Page". The AOS Page will display positions, news links, & your current volunteer position.

### Enter Volunteer Hours

Once you've served time in your volunteer position, you'll want to enter your volunteer service hours through Army OneSource.

Click a position title in the Volunteer Service Hours box on the My AOS Page to open the Hours screen. Click or to log hours for the current or a previous day. Enter the hours for the date and click Save and Return.

The deadline to enter hours for a service performed during a given month is the 14th of the next month. Your submitted volunteer hours are approved by Army Volunteer Corps Coordinator (AVCC), Adoratia Purdy, Army Community Service, Bldg 41415, Fort Huachuca, AZ 85613. Ph. 520-533-3686 Email [adoratia.purdy@us.army.mil](mailto:adoratia.purdy@us.army.mil).

For additional technical assistance for topics such as locating volunteer opportunities, registering, or entering hours, you can contact Army OneSource Technical Support via email, live chat, or phone.

**Email:** Click the Contact Us link at the bottom of any Army OneSource page, enter the required [\*] information, then click .

**Live Chat:** Click the Live Chat Support link at the top of any Army OneSource page between 8am-8pm ET.

**Phone:** Call 1-877-811-ARMY (2769). 100322

### Technical problems? VMIS is here to Help!

A Help menu is accessible from any Army OneSource page, which provides you access to application-specific Flash-based tutorials, contextual help, and "help bubbles".



